

MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** **(FOR USE WITH FORM PTO-879)**

SERIAL NO.

10/510473

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	24					
TOTAL CLAIMS	26					

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